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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

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NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: lover the li	If typing, type nes.	12FE4M5	
ADDRESS (number and street) Check if different than previously reported. (ACC) 2. FEC IDENTIFICATION N	[P,O, BOX]	1/1654 1	MARIN		ZIP CODE A
CO04811	68 3.	IS THIS REPORT	NEW (N) OR	AMENDE (A)	PAI BAI
4. TYPE OF REPORT (Cr. (a) Quarterly Reports: April 15 Quarterly July 15 Quarterly October 15 Quarter January 31 Year-E	Report (Q1) Report (Q2) erly Report (Q3) and Report (YE) (c)	Election on 30-Day POST-Electi	y (12P) ention (12C)	General (12) Special (12)	in the State of
5. Covering Period 37 67 2012 through 0.7 30 2012					
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer MELM, MARIN					
Signature of Treasurer Mem. MZ Date 09/13/20/3					
NOTE: Submission of false, error Office Use	neous, or incomplete info	ermation may subject	the person signir	ng this Report to the	penalties of 2 U.S.C. §437g.